Case 24-10179-amc Doc 27 Filed 04/26/24 Entered 04/26/24 11:57:54 Desc Main Document Page 1 of 4

| Fil | in this information to identify | your case: | | | | | | | | |
|-----------|---|---|-------------------------------|---------------|--------------|----------------|--------------|-----------------------------------|------------|------------------|
| D | ebtor 1 Sarah | | Goldstein Last Name | | | | | | | |
| | ebtor 2 | ine middle Name | Lastivanie | | | | Observ | de Maleira de | | |
| (5 | Spouse, if filing) First Nar | ne Middle Name | Last Name | | | | | ck if this is: n amended filin | ~ | |
| U | nited States Bankruptcy Cou | rt for the: Easter | n District of Penns | ylva | nia | . | | n amended filin supplement sh | - | tootition |
| _ | ase number | 24-10179 | | | | | | | | e following date |
| | | | | | | | M | M / DD / YYYY | | |
| Of | ficial Form 106I | | | | | | | | | |
| | chedule I: You | r Income | | | | | | | | 12/15 |
| add Pa | | not include information about ne and case number (if known nent | | | | eded, attach | a separat | | | |
| | information. | | Debtor 1 | | | | | Debtor 2 or no | n-ming sp | Jouse |
| | If you have more than one job, | | ₫ Employed | \square_{N} | ot Employe | ed | | Employed \square No | ot Employ | ed |
| | attach a separate page with information about additional employers. | | Dentist (Se | lf-Er | nployed) | | | | | |
| | Include part time, seasonal, | or Employer's name | | | | | | | | |
| | self-employed work. | Employer's address | | | | | | | | |
| | Occupation may include stu or homemaker, if it applies. | dent | Number Street | t | | | Nu | mber Street | | |
| | | | | | | | | | | |
| | | | City | | State | Zip Code | City | / | State | Zip Code |
| | | How long employed | there? | | _ | | _ | | | |
| Pa | ort 2: Give Details Abou | it Monthly Income | | | | | | | | |
| | Estimate monthly income a unless you are separated. | as of the date you file this for | m. If you have nothing | g to r | eport for ar | ny line, write | \$0 in the | space. Include | your non-f | filing spouse |
| | If you or your non-filing spormore space, attach a separ | use have more than one emplate sheet to this form. | oyer, combine the inf | orma | tion for all | employers fo | or that pers | son on the lines | below. If | you need |
| | | | | | For | Debtor 1 | | ebtor 2 or ling spouse | | |
| 2. | | salary, and commissions (be athly, calculate what the month | | 2. | | \$0.00 | | \$0.00 | | |
| 3. | Estimate and list monthly of | overtime nov | | 3. | | \$0.00 | | | | |

4. Calculate gross income. Add line 2 + line 3.

\$0.00

\$0.00

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Debtor 1 Sarah Goldstein Case number (if known) 24-10179

Last Name

First Name

Middle Name

| | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|-----|--|------------|--------------|-----------------------------------|-------------------------|
| | Copy line 4 here→ | 4. | \$0.00 | \$0.00 | |
| 5. | List all payroll deductions: | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | \$0.00 | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | \$0.00 | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| | 5e. Insurance | 5e. | \$0.00 | \$0.00 | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | \$0.00 | |
| | 5g. Union dues | 5g. | \$0.00 | \$0.00 | |
| | 5h. Other deductions. Specify: | 5h | + \$0.00 | + \$0.00 | |
| 6. | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$. | 6. | \$0.00 | \$0.00 | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$0.00 | |
| 8. | List all other income regularly received: | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| | Attach a statement for each property and business showing gross | | | | |
| | receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$4,800.00 | \$0.00 | |
| | 8b. Interest and dividends | 8b. | \$0.00 | \$0.00 | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | OD. | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$0.00 | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | \$0.00 | |
| | 8e. Social Security | 8e. | \$0.00 | \$0.00 | |
| | 8f. Other government assistance that you regularly receive | | | | |
| | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | |
| | Specify: | 8f. | \$0.00 | \$0.00 | |
| | 8g. Pension or retirement income | 8g. | \$0.00 | \$0.00 | |
| | 8h. Other monthly income. Specify: | 8h | + \$0.00 | + \$0.00 | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$4,800.00 | \$0.00 | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | \$4,800.00 | + \$0.00 | \$4,800.00 |
| 11. | State all other regular contributions to the expenses that you list in Sched | dule J. | | | |
| | Include contributions from an unmarried partner, members of your househol friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a | d, your de | | , | |
| | Specify: | | | _ 11. | ÷ \$0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistical | | • | | \$4,800.00 |
| | · | | • • | | Combined monthly income |
| 13. | Do you expect an increase or decrease within the year after you file this for Mo. ☐ Yes. Explain: | orm? | | | |

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Debtor 1 Sarah Goldstein Case number (if known) 24-10179
First Name Middle Name Last Name

| 8a. Attached Statement | | | | | | |
|---|---|-------------------|------------|--|--|--|
| Sole Proprietorship | | | | | | |
| FINANC | IAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the bus | iness operation.) | | | | |
| | - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: | , | | | | |
| 1. | Gross Monthly Income: | | \$4,800.00 | | | |
| PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: | | | | | | |
| 2. | Ordinary and necessary expense | \$0.00 | | | | |
| 3. | Net Employee Payroll (Other than debtor) | \$0.00 | | | | |
| 4. | Payroll Taxes | \$0.00 | | | | |
| 5. | Unemployment Taxes | \$0.00 | | | | |
| 6. | Worker's Compensation | \$0.00 | | | | |
| 7. | Other Taxes | \$0.00 | | | | |
| 8. | Inventory Purchases (Including raw materials) | \$0.00 | | | | |
| 9. | Purchase of Feed/Fertilizer/Seed/Spray | \$0.00 | | | | |
| 10. | Rent (Other than debtor's principal residence) | \$0.00 | | | | |
| 11. | Utilities | \$0.00 | | | | |
| 12. | Office Expenses and Supplies | \$0.00 | | | | |
| 13. | Repairs and Maintenance | \$0.00 | | | | |
| 14. | Vehicle Expenses | \$0.00 | | | | |
| 15. | Travel and Entertainment | \$0.00 | | | | |
| 16. | Equipment Rental and Leases | \$0.00 | | | | |
| 17. | Legal/Accounting/Other Professional Fees | \$0.00 | | | | |
| 18. | Insurance | \$0.00 | | | | |
| 19. | Employee Benefits (e.g., pension, medical, etc.) | \$0.00 | | | | |
| 20. | Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts | | | | | |
| | TOTAL PAYMENTS TO SECURED CREDITORS | \$0.00 | | | | |
| 21. | Other Expenses | | | | | |
| | TOTAL OTHER EXPENSES | \$0.00 | | | | |
| 22. | TOTAL MONTHLY EXPENSES(Add item 2 - 21) | | \$0.00 | | | |
| | - ESTIMATED AVERAGE NET MONTHLY INCOME: | | | | | |
| 23. | AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) | | \$4,800.00 | | | |

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| Fill in this information to identify your case: | | | | | | | |
|---|----------------|----------------------------------|-----------|--|--|--|--|
| Debtor 1 | Debtor 1 Sarah | | Goldstein | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | Eastern District of Pennsylvania | | | | | |
| Case number | 24-10179 | | | | | | |

| $ \sqrt{} $ | Check if this is an |
|---------------|---------------------|
| | amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is NOT an attorn | ney to help you fill out bankruptcy forms? |
| ☑No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have read the sum | mary and schedules filed with this declaration and that they are true and correct. |
| | |
| /s/ Sarah Goldstein | |
| Sarah Goldstein, Debtor 1 | |
| Date 04/26/2024 MM/ DD/ YYYY | |
| MINI UU TTTT | |